

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/019781

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3	/		/			
4	/		/			
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6	/		/			
7	2		/			
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TOTAL IND.			2			
TOTAL DEP.			18			
TOTAL CLAIMS			20			

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
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TOTAL IND.			2					
TOTAL DEP.			18					
TOTAL CLAIMS			20					

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Barbara Campbell
National Stage Processing
(703) 305-3831